

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/13/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185170	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 06/24/2010
NAME OF PROVIDER OR SUPPLIER  BRADFORD SQUARE CARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1040 US 127 SOUTH FRANKFORT, KY 40601	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS  An abbreviated survey investigating allegations KY00014844, KY00014845, KY00014841, KY00014842, KY00014934, KY00014910, KY00014840, and KY00014843 was initiated on 06/15/10 and concluded on 06/24/10. Allegation KY00014844 was substantiated with deficiencies cited. Allegation KY00014845, KY00014841 and KY00014842 were substantiated with no deficiencies cited. Allegation KY00014934 was substantiated with no deficiencies cited. Allegation KY00014910 was substantiated with a deficiency cited. Allegation KY00014840 was substantiated with no deficiencies cited. Allegation KY00014843 was unsubstantiated. The highest scope and severity cited was a "E".	F 000	"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Bradford Square Care & Rehabilitation Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."	
F 327 SS=D	483.25(j) SUFFICIENT FLUID TO MAINTAIN HYDRATION  The facility must provide each resident with sufficient fluid intake to maintain proper hydration and health.  This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined the facility failed to have a system in place to ensure one (1) of eighteen (18) sampled residents received sufficient fluid intake (Resident #11). Resident #11 was admitted to the hospital on 02/05/10 with diagnoses which included Urosepsis, Aspiration Pneumonia, Acute Renal Failure and Dehydration which required intravenous fluids and antibiotic therapy.  The findings include:	F 327	F327  1. Resident #11 is no longer a at the facility.  2. To identify current residents that have potential to be affected, all comprehensive care plans, consumption records, nutritional assessments, and current labs were reviewed by the interdisciplinary team regarding hydration status on or before July 23, 2010.	7/28/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Kathy Jones, NHA*

*Administrator*

*7/22/10*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 327	Continued From page 1  Review of the closed clinical record for Resident #11 revealed the resident was admitted to the facility on 08/05/09 and discharged from the facility on 05/06/10, with diagnoses which included Alzheimer's Disease and Diabetes.  Review of the resident's quarterly Minimum Data Set (MDS) assessment, dated 02/05/10, revealed the facility assessed Resident #11 to require "set up" assistance with all meals, and to be at risk nutritionally. Review of the physician's orders dated 04/01/10-04/30/10 revealed the resident received a pureed diet with thin liquids.  Review of the resident's Comprehensive Plan of Care, dated 08/12/09 and revised on 02/22/10 revealed interventions which included documenting the amount of food and fluid Resident #11 consumed with meals. In addition, interventions included to offer alternative meals and provide nutritional supplements, as ordered.  Review of the Consumption Flow Sheet, dated 01/30-02/04/10, revealed an average fluid intake of 440 cubic centimeters (cc's) per day, with two (2) days with no food or fluids documented as consumed. Review of the resident's Consumption Flow Sheets, dated 01/01/10-01/14/10, revealed Resident #11's average fluid intake was 987 cc's of fluid daily during that period.  Review of the Interdisciplinary Progress Notes, dated 02/05/10 at 5:30 AM, revealed Resident	F 327	3. The Director of Nursing and Administrator re-educated staff on the completion of documentation in consumption records for meal and fluid intake along with alerting the charge nurse of any decrease noted in fluid intake. Education was completed on or before 7/25/2010. Residents at risk for dehydration will be reviewed weekly during the clinical at risk evaluation meeting with the interdisciplinary team.  4. The Director of Nursing and/or Assistant Director of Nursing/Unit Manager will conduct audits of food/fluid consumptions for meals weekly for 4 weeks and then monthly for 3 months. The Director of Nursing and the Dietary Manager will report trends to Performance Improvement Committee monthly. Non compliance will result in re-education and/or disciplinary action as indicated.  5. Completion date was 7/28/2010		7/28/10

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F-327	<p>Continued From page 2</p> <p>#11 had received no food or fluids intake during that shift. Review of the Consumption flow sheet dated 02/05/10 revealed, the resident consumed 25% of breakfast with 120 cc's of fluid intake and no intake of food or fluid for lunch. Review of the Interdisciplinary Progress Notes, dated 2/5/10 at 7:00 PM, revealed Resident #11 was sent to the hospital after the resident's family requested the resident be sent.</p> <p>Review of Resident #11's laboratory testing results, at the facility, revealed on 01/11/10 the resident's Blood Urea Nitrogen (BUN) was 18, and Creatinine was 0.7. On 02/17/10, the resident's BUN was 24 and Creatinine was 0.9.</p> <p>Review of the hospital's Discharge Summary dated 02/16/10 revealed Resident #11 had diagnoses in the hospital which included Dehydration, Acute Renal Failure and Urosepsis. Review of the Emergency Room record dated 02/05/10 at 7:40 PM revealed, the resident had a decrease in level of consciousness and was less responsive. Further review revealed, the resident was somnolent and non-verbal.</p> <p>Review of Resident #11's laboratory testing, dated 02/05/10, revealed the resident's Blood Urea Nitrogen (BUN) was elevated at forty-four (44) (normal range 7-18), and a Creatinine of two (2.0) (normal range 0.60-1.0).</p> <p>Review of the Emergency room record, dated 02/05/10 at 8:45 PM revealed Resident #11 received a 500 cc bolus of Normal Saline</p>	F 327			

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F 327	<p>Continued From page 3</p> <p>intravenously (IV), along with continued IV fluids at 125 cc's per hour. The resident also received one (1) gram of Rocephin (an antibiotic) IV at 9:45 PM and five hundred (500) milligrams of Zithromax (antibiotic) IV at 10:20 PM.</p> <p>Review of the Physician's Discharge Summary, dated 02/16/10 revealed the resident required fluid resuscitation with Normal Saline. According to the Discharge Summary, the resident's BUN improved from forty four (44) on admission 02/05/10 to thirteen (13) on 02/09/10. The Summary continued that the resident's Creatinine improved from two (2.0) on admission 02/05/10 to 0.9 on 2/9/10. The Discharge Summary stated the resident was admitted to the hospital secondary to decreased oral intake and urosepsis.</p> <p>Interview with the Registered Dietitian (RD), on 06/23/10 at 2:10 PM, revealed she was unaware Resident #11 had a history of decreased fluid intake. The RD stated she was to be notified when the resident's intake decreased so the RD could assess the resident and implement interventions for the decrease. According to the RD, if she had been aware of the decreased intake, she would have implemented additional hydration interventions for Resident #11.</p> <p>Interview with the Director of Nursing (DON) on 06/21/10 at 4:00 PM, revealed the facility had no written policy in place related to the monitoring of resident hydration status. The DON stated nurses on the unit were responsible for monitoring resident's fluid intake. The DON</p>	F 327			

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F 327	Continued From page 4 explained the Certified Nursing Assistants (CNAs) were responsible for reporting the amount of fluid consumed by residents, and any decrease of same, to the charge nurse on the unit. According to the DON, Resident #11's fluid intake should have been monitored by facility staff to determine if the resident's fluid intake had decreased.  Interview with Licensed Practical Nurse (LPN) #5, on 06/22/10 at 1:25 PM, revealed the Physician and Dietitian should have been notified when Resident #11's fluid intake decreased.  Interview with LPN #6, on 06/22/10 at 3:40 PM revealed if a resident had decreased fluid intake, the Unit Manager should be notified for further assessment, and interventions.	F 327			
F 328 SS=D	Interview with CNA #6, on 06/22/10 at 1:25 PM, revealed if a resident's fluid intake was decreased, the charge nurse should be notified. 483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS  The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.	F 328	F328  1. Resident #7 had their toenails trimmed on 6/9/2010 by podiatrist of choice. Resident #7's care plan was reviewed and revised on 7/1/2010 by IDT team.  2. All residents have potential to be affected; however, none were found to be negatively affected. The nursing		7/28/10

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F 328	<p>Continued From page 5</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined the facility failed to ensure one (1) of eighteen (18) sampled residents (Resident #7), received proper treatment and care by failing to arrange Podiatry Services when needed.</p> <p>The findings include:</p> <p>Review of the clinical record revealed Resident #7 was admitted to the facility with diagnoses which included Chronic Pulmonary Heart Disease, Congestive Heart Failure and Diabetes Mellitis. Review of the annual Minimum Data Set (MDS) assessment, dated 02/16/10 revealed the facility assessed Resident #7 as being dependent on staff for hygiene needs and activities of daily living. Review of the Resident Assessment Protocol Summary (RAPS) dated 02/23/10, revealed a note under the Pressure Sore RAPS which stated the resident was seen by a podiatrist outside the facility.</p> <p>Interview with Resident #7's Daughter on 06/16/10 at 1:30 PM revealed Resident #7 had a personal Podiatrist and did not receive Podiatry Services from the facility Podiatrist. Review of Resident #7's medical record revealed the name and telephone number of the Resident's Podiatrist was located on the inside cover of the record. Further interview revealed the Daughter informed the facility that she was leaving the state for several months starting 11/09 and informed the facility to call Resident #7's Son for any appointments. She also stated that Resident #7 went to the Podiatrist every six months.</p>	F 328	<p>management staff conducted assessments on 7/13/2010 of all residents to identify those affected. Those identified were placed on schedule to see podiatrist by 7/28/2010.</p> <p>3. The Administrator, Director of Nursing and/or Assistant Director of nursing re-educated nursing staff regarding residents receiving proper treatment and care for special services on or by 7/25/2010. Special Services will be identified on the residents' plan of care.</p> <p>4. Director of Nursing and/or Assistant Director of Nursing/Unit Managers will conduct random audits weekly of 5 residents regarding special services for 4 weeks then monthly for 3 months. The Director of Nursing will report trends to the Performance Improvement committee monthly for 3 months. Non-compliance with this process will result in re-education</p>		

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F 328	<p>Continued From page 6</p> <p>Interview with the Director of Nursing (DON) on 06/18/10 at 2:30 PM revealed the facility nurses did not do toenail care for Diabetic residents. Interview revealed all residents received weekly head to toe skin assessments and if Diabetic residents required toenail trims the Podiatrist was notified.</p> <p>Interview with Licensed Practical Nurse (LPN) #4, who worked on Resident #7's unit, on 06/24/10 at 2:00 PM revealed Podiatry trimmed the toenails of Diabetic residents. Interview with Certified Nursing Assistant (CNA) #8, who cared for Resident #7, on 06/24/10 at 2:30 PM revealed if she identified long toenails on Diabetic residents, she reported this to the nurse. She further stated she did not recall any nurses trimming Resident #7's toenails and Resident #7 went out of the facility to a different Podiatrist than the facility Podiatrist.</p> <p>Interview with the Director of Nursing on 06/21/10 at 3:30 PM revealed she performed a head to toe skin assessment on Resident #7, not recalling the date, but stated it was after Resident #7 returned from a hospital stay on 05/18/10, and noted the resident's toenails were long and needed to be trimmed. She further stated she placed the resident's name on the facility's Podiatrist list, then realized Resident #7 went out of the facility to a Podiatrist.</p> <p>Interview with the nurse at Resident #7's podiatry office on 06/22/10 at 12:45 PM revealed Resident #7 was seen by the Podiatrist in July of 2009 and not again until 06/09/10. Review of the Physician's report from that visit revealed the toenails bilaterally appeared crumbly, discolored, elongated, incurvated, inflamed, painful without</p>	F 328	<p>and/or disciplinary action as indicated.</p> <p>5. Completion date is 7/28/2010.</p>		

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F 328	Continued From page 7 applied pressure, thickened, with dystrophic changes, and with subungual debris. The Podiatrist debrided the resident's toenails and ordered Oxistat.	F 328			
F 371 SELF	Review of a photo of Resident #7's toenails dated 05/22/10 revealed the toenails to be extremely long, thick and protruding out over the edge of the resident's toes.  483.35(I) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY  The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions  This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to store, prepare, distribute and serve food under sanitary conditions.  The findings include:  Observation of the kitchen on 06/16/10 at 3:00 PM revealed the floor in the kitchen was dirty, as was the wall near the coffee machine and the door leading into the hallway. Ants were noted in a cabinet with spices, as well as on the counter top beneath the cabinets. On the counter top, ants were crawling on the outside packaging of a	F 371	F371		7/28/10
			<ol style="list-style-type: none"> <li>1. All items identified were corrected as of 7/14/2010. The floor was deep cleaned by outside contractor on 6/29/2010. Open bag of tortilla chips was discarded immediately on 6/17/2010. Ants were treated as they were found. Items including bread and spices were removed from cabinet until ant's no longer in area until 6/24/2010.</li> <li>2. All residents had the potential to be affected but none negatively affected. A sanitation audit of the kitchen was completed on 7/19/2010 by Nutritional Services Director to include all identified areas.</li> </ol>		

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F 371	<p>Continued From page 8</p> <p>loaf of bread and were also noted on the puree machine.</p> <p>Observation of the dishwashing room revealed dirty walls, near the washing station and dried food particles clinging to the wall near the trash can. Underneath the steel tables, the floors were dirty and the piping was covered with grease and dirt.</p> <p>Observation of the kitchen on 06/17/10 at 10:25 AM revealed a container of garlic powder left open in a cabinet. Ants were observed in an empty cabinet where spices had been located on 06/16/10. Three (3) of five (5) glasses stacked at the tray line were wet, and nine (9) of ten (10) bowls placed face down near the tray line were observed to have water droplets on them. A bag of tortilla chips was found open in the dry storage room.</p> <p>Observation of the kitchen on 06/18/10 at 10:30 AM revealed the kitchen floor was dirty and sticky. Ants were still visible in the third cabinet (still empty) and also on the wall nearby. Eight (8) of ten (10) glasses by the drink machine were noted to be wet.</p> <p>Interview with the Administrator (and acting Dietary Manager) on 06/18/10 at 3:05 PM revealed the ants were first noticed on 06/08/10, by the coffee machine. The Administrator stated pest control was contacted on that date, arrived at the facility on 06/10/10 and sprayed the entire building.</p> <p>Observation on 06/21/10 at 3:46 PM revealed ants were still active around the cabinets in the kitchen.</p>	F 371	<p>3. Cleaning schedules have been revised to include identified areas. The Nutritional Services Department was re-educated on or before 7/25/2010 by Regional Dietician, facility dietician, and nutritional services director. Content of the education included pest control program including prevention, sanitation expectations related to cleaning schedules and storage of bowls and tumblers, and safe storage of dry storage items.</p> <p>4. Nutritional Services Director or designee will conduct dietary rounds 3 times a week for sanitation and pest control for 2 weeks then weekly thereafter for 3 months. The Nutritional Services Director will review trends in the Performance Improvement meeting monthly for 3 months. Noncompliance will result in corrective action, re-education and/or disciplinary action as indicated.</p> <p>5. Completion date is 7/28/2010.</p>		

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F 469 SS=E	<p>483.70(h)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM</p> <p>The facility must maintain an effective pest control program so that the facility is free of pests and rodents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to maintain an effective pest control program in order for the facility to be free of pests. Observations revealed ants in the kitchen.</p> <p>The findings include:</p> <p>Observation of the kitchen on 06/16/10 at 3:00 PM revealed ants were noted in a cabinet which contained spices. Ants were noted on a tub of peanut butter, and on the counter beneath the cabinets. Ants were also observed on counter tops in the kitchen, crawling on the outside packaging of a loaf of bread and on the puree machine.</p> <p>Observation of the kitchen on 06/17/10 at 10:25 AM revealed ants were in an adjoining empty cabinet, where spices had been located on 06/16/10.</p> <p>Observation of the kitchen on 06/18/10 at 10:30 AM revealed ants were still present in the third cabinet (empty) and also on the wall this cabinet.</p> <p>Interview with the Administrator on 06/18/10 at 3:05 PM revealed the ants were first noticed on 06/08/10, and pest control was contacted on that</p>	F 469	F469		7/28/10
			<ol style="list-style-type: none"> <li>1. No specific residents were identified. Ants are no longer in the kitchen area upon daily inspection.</li> <li>2. All residents had potential to be affected. A sanitation inspection was conducted by Nutritional Services Director on 7/15/2010. No ants were found at this time.</li> <li>3. Administrator met with another pest control company 7/15/2010 to discuss contracting for all pest control needs. Current pest control contractor has visited routinely for all pest control needs. All staff were re-educated by the Administrator on or before July 25, 2010 on process of notification of any pests noted inside building.</li> <li>4. Each department supervisor will conduct rounds of their department and/or facility weekly for 4 weeks, then monthly thereafter for 3 months to identify any pest</li> </ol>		

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185170	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 06/24/2010
NAME OF PROVIDER OR SUPPLIER  BRADFORD SQUARE CARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1040 US 127 SOUTH FRANKFORT, KY 40601		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETION DATE	
F 469	Continued From page 10 date. The Administrator indicated pest control came out on 06/10/10 and sprayed the whole building. On 06/14/10, ants were in the dietary office, and a call was placed to pest control again on 06/15/10. The Administrator stated pest control came on 06/16/10 and sprayed again. After reviewing the length of current problem, the pest control agency reported it would take ten days to be rid of the ants. The Administrator stated that "obviously the pest control company we have a contract with isn't taking care of the problem."  Observation on 06/21/10 at 3:46 PM revealed ants were still active around the cabinets in the kitchen.	F 469	issues. All department supervisors will continue ongoing Performance Improvement audits to include pest control monthly. Findings of rounds and audits will be reviewed in performance improvement meeting monthly for 3 months. 5. Completion date is 7/28/2010.		